

**MEDICATION PERMISSION AND INSTRUCTIONS  
FOR DAY CARE HOMES/CHILD CARE CENTERS  
STATE OF MICHIGAN**

Michigan Department of Human Services  
Office of Children and Adult Licensing

If you are giving or applying any medication to a day care child, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

**TO BE COMPLETED BY PARENT**

I give my permission for \_\_\_\_\_ to give or apply the medication,  
(Provider, Facility)  
\_\_\_\_\_, to my child \_\_\_\_\_, as follows:  
(Specify, prescribed medication/over the counter products) (Child's Name)

**DIRECTIONS:**

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

**TO BE COMPLETED BY THE PROVIDER:**

DATE	TIME	AMOUNT GIVEN	BY WHOM

**IT IS RECOMMENDED THAT THIS BE KEPT ON FILE FOR 3 YEARS**  
It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing

The Michigan Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.